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ABSTRACT

There are four general approaches to treatment for the symptomatic child. In individual child psychotherapy, the child is seen alone and play therapy is often utilized to help the child become aware of his feelings and express them more appropriately. In conjoint parent-child psychotherapy and counseling, the child is seen together with one parent, usually the mother. The focus may be on the child, the parent, or both. A third form of treatment, parent therapy and counseling, involves one or both parents without the child for therapy or counseling. In some approaches parents are taught therapeutic techniques and child management procedures. The final treatment form is conjoint family therapy in which the entire family is seen. The principal focus is usually on the parents, and children are often ignored. Each approach has strengths but is incomplete as a treatment mode when used alone. An integration of child and family therapy is recommended which includes approaches which work within the framework of conjoint family therapy, combining techniques of family therapy with play therapy, and other approaches which provide concurrent child and family therapy. (NRB)

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Forms of Treatment for the Symptomatic Child: A Review and Critique

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Running Head: Forms of Treatment

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Forms of Treatment for the Symptomatic Child: A Review and Critique

In this paper the forms of treatment described in the literature for the symptomatic child will be reviewed and critiqued. The various approaches will be classified according to which family members are seen in treatment and what the nature and focus of the treatment is. Using this classification scheme, four general forms of treatment were found: (1) Individual child psychotherapy, in which the child is seen individually in treatment, and one or both parents may or may not be seen separately in collaborative therapy; (2) Conjoint parent-child psychotherapy and counseling, in which the child is seen conjointly with one parent with a focus either on the child, the parent, or on both; (3) Parent therapy and counseling, in which one or both parents are seen with a focus on helping the child; and (4) Conjoint family therapy, in which the family is seen as a whole.

Individual Child Psychotherapy

In individual child psychotherapy the child is seen alone, and one or both parents may or may not be seen separately in collaborative therapy. Practitioners in this mode assume that the child's behavioral problems are caused by strong dissociated affects such as anger, fear, or sadness. For example, a child might have been made to feel worthless, resulting in feelings of anger, which then become diffuse.

The child loses touch with his/her feelings, forgetting where the anger originated. The purpose of therapy is to help the child become more aware of his/her feelings and able to express these feelings more appropriately. Play is utilized in therapy because it is the child's natural medium of expression. In the therapeutic play room, the child is allowed to express him/herself and try out new ideas through play. The child is encouraged to use the play materials. The play therapist may follow the child's lead, either interpreting the child's play (Despert, 1948) or reflecting the child's feelings (Axline, 1969; Moustakas, 1953, 1959). Alternatively, the therapist might present the child with a more structured play experience and directly relate his/her play to everyday problems (Gardner, 1976). The child is seen as the most important person in the room; s/he doesn't have to compete with adults for the therapist's attention and is removed, at least temporarily, from being "a human pawn in a game between bickering parents" (Axline, 1969, p. 16).

In individual child psychotherapy the focus of therapeutic attention is clearly on the child. Axline (1969) asserts that it isn't even necessary for the parents to be seen in order for the child to benefit from therapy. Although Moustakas (1964, 1959) prefers to maintain contact with the parents, he requires only an initial interview with the parents; thereafter it is the parents' choice as to whether or not to be involved in therapy. Axline's and Moustakas' model of therapy for the parents consists primarily of advising them as to their child's progress and responding to their parental

concerns. Other child therapists advise that the parents be seen for therapy with another therapist. In this, the traditional child guidance approach, the parents' therapist assumes a supporting role, maintaining a focus on the parents' concerns regarding their children, and giving advice on child management techniques (Buxbaum, 1955). The parents are viewed not as patients but as collaborators to the treatment; hence, this approach is termed collaborative therapy (Alexander, 1963). Finally, Cutter and Hallowitz (1962) described the procedures used in their clinic, in which choices were made on the basis of diagnostic considerations, and in which one or both parents might be seen by another therapist, or by the same therapist who saw their child.

Individual child psychotherapy utilizes a broad knowledge of child development in order to respond to the child as a person. Essentially the focus of therapy is on the intrapsychic structure of the child. With this focus, however, the child is viewed only as an individual and not as a member of a family system.

There is a sufficient theoretical foundation to indicate that individual therapy with only the child is an incomplete treatment plan (Ackerman, 1966; French, 1977; Haley, 1973; Smirnoff, 1971). The theory behind individual child treatment fails to take into account theoretical insights into family systems and the system's resistance to change. The family tries to maintain a certain equilibrium or balance and will resist any attempt to upset the balance. The balance may be maintained by directing the parental conflicts onto a scapegoated child. The child cannot be "unscapegoated" without the

involvement of the parents, specifically involving the parents in examining their own relationship. Lacking this perspective, practitioners of individual child therapy often overlook the reality of the child's ongoing relationship with the parents, resulting in therapeutic attempts to replace the parents, or "provide a corrective experience" ignoring the fact that the "incorrect experience" continues. Individual child therapy also often overlooks the very important resource of the child's parents. Many child therapists have only irregular contact with parents for fear of disrupting the transference relationship with the child. The consequence is their loss of important information the parents can provide about the child's life, as well as the parents' perspective on the child and his/her behavior.

Conjoint Parent Child Psychotherapy and Counseling

The second form of treatment for the child-focussed family is to see the child together with one of his/her parents, usually the mother. In this approach, the focus may be on the child, the parent, or on both parent and child.

Parent-Child Psychotherapy focussed on the Child

In one variant of this approach, the focus of therapeutic attention remains on the child using the child's language of play. This technique often is used with preschool age children who refuse to separate from their mothers. In this situation, the parent is

invited into the therapy session and is regarded as an observer to the therapeutic process. Therapy proceeds as in individual play therapy as it would were the parent not present. The therapist responds to the child and makes interpretations to the child. Even when the parent addresses certain concerns to the therapist, the therapist directs his/her response to the child, rather than to the parent. The therapist's goal in this process is for the child to separate from the mother so that the therapist can see the child individually (Elkisch, 1953; Gordon, 1961; Schwartz, 1950). Other therapists routinely have the mother present in the play room, but for different reasons. For example, Gardner (1976) frequently invites parents into the play room and uses them as observers and consultants to the therapy, which continues to remain focused on the child.

One of the benefits of this approach is that the therapist often has a better sense of what a child's life is like outside of therapy, what his/her real life concerns may be, and what his/her play may symbolize more precisely. What appears to be a bizarre or unusual play theme may turn out to have a basis in a recent event in the child's life which the therapist can learn about from the parent. Another benefit is that the parent who is present may gain a better understanding of his/her child and be better able to relate to the child. Some of the parent's feelings of guilt and rivalry may be eliminated as well. The focus of therapeutic attention broadens somewhat from a focus on the intrapsychic structure of the child to include the child's parental context. The parents' relationship with

the child does not receive direct attention, and family as a system continues to be ignored..

Parent-Child Psychotherapy Focussed on Parent

In a second variant of this approach, the focus is turned toward the parent. Straughn (1964) reported a case in which he introduced a mother into the playroom in order to counter condition her anxiety which she experienced toward her child. Safer (1965) utilized this variant of parent-child psychotherapy with the families of young children. In this approach, the child and one parent are seen with the child initiating the play activity, and the parent and therapist joining the child in play. The therapist observes the interaction between the parent and child and makes interventions with the parent by interpreting the child's play to the parent or suggesting alternative ways for the parent to respond to the child. The content of therapy is focused on both the intrapsychic structure of the child and the relationship between the child and the parent. The therapeutic interventions, however, are directed toward the parent in reference to the child or the parent's relationship with the child. The therapist explicitly and directly attempts to help the parent understand her child better, and improve her relationship with her child. This approach is an improvement over a strict individually-oriented approach in that the important influence of the parent is acknowledged and directly dealt with. However, the overall family system of which the child and parent are members continues to be overlooked.

Parent-Child Psychotherapy and Counseling Focussed on Both

The third variant of this approach involves seeing both the mother and child with the focus on both of them. Davidson (1971) reported a therapeutic approach used with children younger than age three. In this method, the therapist meets with both the mother and child in the play room and structures the time so that for the first fifteen minutes the child plays alone while the therapist talks with the mother about the mother's concerns, allowing her to "release pent-up emotions." For the next thirty minutes the therapist focuses on the child using individual play therapy techniques while the mother observes. For the last fifteen minutes the therapist again interacts with the mother, attempting to reduce any anxiety aroused by the child's play and giving practical advice for managing the child. While this technique is unique in that the therapist responds to both the mother and the child, the family as a system is still not taken into account.

Guerney (1977) and associates have developed a counseling program for parents and older children. Known as Parent Adolescent Relationship Development (PARD), the focus is on enhancing the relationship of parents and their adolescent children through systematic training of both in self-expressive and empathic-responding skills. The program has been used with individual parent-adolescent dyad and group formats. The program combines didactic and experiential instruction, and utilizes homework. Programs have been developed for mothers and daughters, and fathers and sons. The evaluative research literature has recently been reviewed, and the promise of this approach has been noted (Levant, 1978).

Parent Therapy and Counseling

A third form of treatment is to see one or both parents without the child for therapy or counseling. Cutter and Hallowitz (1962) described a therapeutic approach in which the child is excluded from therapy, and the parents instead are treated. Framo (1965) and Bowen (1971) have both described methods in which the child is rapidly defocused and removed from treatment, while the parents are continued in long term couples therapy.

There are also a set of counseling approaches which have the aim of teaching the parents therapeutic techniques and/or child management procedures. These approaches will be described more fully in the paper by Nickerson (1980), but will be summarized briefly here.

One set of these approaches have evolved from a client-centered perspective and have involved training parents as play therapists for their children. Natalie Fuchs (1957) reported being taught the fundamental principles of non-directive play therapy to use with her preschool age daughter. These same principles are central to the filial therapy approach developed by Guerney and his associates (Guerney, 1964; Guerney, Guerney, Andronico, 1966). In filial therapy parents meet in groups to learn the principles and skills of client-centered play therapy. They develop skills in reflecting and accepting the child's feelings and in setting reasonable limits on the child's behavior. Their training consists of didactic instruction and supervised experience in applying their skills. Recent reviews of the

evaluative research literature have found support for the efficacy of this approach in treating mild to moderately disturbed children (Tavormina, 1974; Levant, 1978).

Social learning theory and operant behavior procedures have also been utilized in teaching parents to treat their children (Miller, 1975; Patterson, Reid, Jones, & Conger, 1975). Parents are taught, either as couples or in a group, to identify problem behaviors, to discriminate and respond appropriately to the child's behavior, to modify family interaction by using specific reinforcements contingent upon certain desired behaviors, and to effectively use certain punishments to reduce persistent negative behavior. Reviews of the evaluative research have found support for the efficacy of the behavioral approach in treating a wide range of presenting child problems (Berkowitz & Graziano, Johnson & Katz, 1973; O'Dell, 1974).

In addition to the client-centered and the behavioral models, there are also Psychodynamic and Adlerian parent counseling approaches. Reisinger, Ora and Frangin (1976) described the psychodynamic approach and the associated evaluative literature. This approach tends to be considerably more conservative than the client-centered and behavioral approaches, anticipating and finding many problems in involving the parent as a therapeutic agent for the child. Hence practitioners of this approach tend to limit the use of the parent to cases involving normal developmental difficulties. Quite in contrast to the psychodynamic approach — and more in step with the mainstream of parent counseling and education — the Adlerian approach is optimistic about

the efficacy of training parents (Croate & Glover, 1977). A recent evaluative research project (Hinkle, Arnold, Croate & Keller, 1980) found very encouraging results using this method.

In the parent therapy and counseling approach the focus continues to shift toward the family as a whole; however, the family still is not seen as a system. It is assumed that once parents have learned certain skills they will be able to treat their child and to change their child's behavior. It is not considered that the system itself might maintain the child's behavior or (with the exception of the psychodynamic model) that the parents may be unable to apply these skills because of their own relative immaturity or personal problems.

Conjoint Family Therapy

The final approach to a child-focused family is to see the entire family. Within the family therapy approach there have been a variety of ways to respond to the child-focused family. In some instances younger children, even when identified as the problem bringing the family to treatment, are not routinely seen. The primary therapy is with the parents and the whole family is seen only in order to learn how the children are expressing or mediating parental conflicts (Ferber, Mendelsohn & Napier, 1972). Bowen stated that "the average family group therapy includes parents and all children who can thoughtfully participate ... Very young children react to family anxiety and repeated sessions with them are not profitable" (Bowen, 1971, p. 164). Saviano

(1974) has found the behavior of young children to be a distraction in family therapy and paying attention to their behavior serves primarily as a defense for their parents. Older children become bored in family sessions so gradually all children are excluded. Haley (1974) and Heard (1978) exclude children in order to focus on the marital relationship, theorizing that one parent is overinvolved with the child while the other parent is overly distant. Their goal is for the parents to become more involved with each other.

Even when children are included in family therapy there may be little concession made to their differing needs and modes of expression. Therapy remains a purely verbal process. Children are included because of their tendency to be more frank and honest. Bowen (1971, p. 164) noted the "astute observations children make about families." Ackerman (1970) supported the need to include all children in family therapy yet he employed no special techniques to accomodate them, other than being interested and responsive with children while maintaining some distance, believing that the child prefers this distance in a new relationship with an adult. Satir (1967) also includes children in some, if not all, family sessions, believing that they will benefit from treatment. She, like Ackerman, employs no play techniques, but speaks to each child individually, showing each child respect as an important family member. Whitaker (Napier & Whitaker, 1978) also does not use formal play techniques, but does exemplify a virtuoso command of child language.

Recognizing that children have short attention spans, and may become tired of verbal interaction, other family therapists have introduced a box of toys in a corner of their office to "amuse the child and serve as expressive vehicles" (Bloch, 1965, p. 176). As Tiller (1978) described his family work, the children play or draw on the blackboard while the parents talk. At the end of the session, the parents may play with the children. It has also been recognized that children do become anxious in response to the content of the therapy sessions, so toys are made available and children are encouraged to play in order to help them cope with the anxiety (Zilbach, Bergel, & Gass, 1972). Essentially play is introduced as a diversion for the children, or as a way to dissipate anxiety.

Other therapists use children's play as a diagnostic tool, on the basis that children act out the family dynamics in their play activities. A variety of play or nonverbal techniques have been used by therapists as diagnostic tools as part of the evaluation. Structured diagnostic processes have included drawing (Rubin & Magnussen, 1974; Bing, 1970), puppets (Irwin & Malloy, 1975), or other nonverbal tasks (Granger, 1974). In each of these, the family is asked to complete a nonverbal task while the therapist observes their interaction. Orgun (1973) described a diagnostic process whereby the family is observed interacting in a nonstructured situation in a play room.

Play techniques have been used diagnostically in ongoing therapy as children's play has been seen to reveal the underlying feelings and quality of interaction in the family (Zilbach, Bergel & Gass, 1972).

Play materials are made available to children and the therapist observes their play so that s/he is better able to understand the underlying family dynamics (Villeneuve, 1979). More structured approaches to the use of play or nonverbal techniques in understanding family interaction include art therapy (Kwiatkowska, 1967), and kinetic psychotherapy (Schachter, 1978).

Children's play is seen by Guttman (1975) not as a reflection of family dynamics, but as the child's way of communicating with adults and expressing his/her inner feelings and conflicts. She uses her knowledge of the possible symbolic significance of children's play to interpret their play to the parents. Her focus remains primarily on family dynamics and she interacts primarily with the parents, even when in response to a child's behavior.

In the conjoint family therapy approach, then, the primary focus is on the parents. This approach thus falls short of a complete systems perspective because it ignores the system's smallest units — the young children in the family. Children are often excluded from treatment or ignored. Even when they are present little attempt is made to communicate with them through their language of play. And when play is used it is either interpreted verbally to the parents or used to help the therapist understand the family, thus improving the therapist's work with the parents. Similar critiques have been made by others (McDermott & Char, 1974).

Prescription: An Integration of Child and Family Therapy

What is needed is an integration of the theory and techniques of child therapy with those of family therapy. The child needs to be seen within the context of his/her family, yet the child (as well as the parents) exists not only as a member of the family system, but also as an individual at a certain stage of development in his/her life cycle. The family therapist must have knowledge not only of the family system but of the particular stage of development of the individual family members, including the children. The family therapist also needs to understand the child's nonverbal language and use of play to express fantasies, feelings, and conflicts, and be able to communicate with the child through the use of play.

Such an integrated approach has only rarely been suggested in the literature. Cutter's and Hallowitz's (1962) report of their therapeutic approaches to the child-focused family included either child-focused methods (individual child therapy, collaborative treatment and parent therapy) or conjoint family therapy. No consideration was given to an integration of these two separate approaches. McDermott's and Char's (1974) perspective on the polarization of child and family therapy techniques is that family therapists have tended to replace and/or compete with individual child therapists rather than integrate child skills into their approach. They suggested that techniques need to be conceived that will effectively involve children in family therapy, and posed the problem of "how to understand, relate, and integrate the

multiple levels of communication and interaction that occur so naturally in every family into a therapeutic process" (McDermott & Char, 1974, p. 435). Finally, Malone (1979) explored the polarization of child and family therapy which he viewed as a reflection of the long-standing controversy between intrapsychic and interpersonal theories of motivation. The polarization is exacerbated by theorists with extreme positions, while the overlap of the theories and therapeutic approaches has been ignored. He pointed out that the growing overlap is evidenced by the use of family interviews to aid in the diagnosis of children, the incorporation of developmental concepts into theories of family interaction and therapy, and the inclusion of children in family therapy by therapists who are able to understand and utilize the children's play.

A few reports of attempts to move in the direction of a more thorough-going integration of child and family therapy have begun to appear in the literature. These either attempt the integration within the context of conjoint family therapy or provide concurrent child and family therapy.

In the conjoint approaches, Dade and Lindsey (1979) reported the development of a conjoint family therapy approach to the child-focused family which combines techniques of family therapy with techniques of play therapy. Toys are used not "as a distraction to keep children quiet, but are deliberately being used as a vehicle for understanding them" (p. 260). In addition, Tasem and colleagues (Augenbraun & Tasem, 1966; Tasem, Augenbraun, & Brown, 1965) have described a method in which

the families of preschool children are seen in a playroom setting. The therapist responds to both the child and the parents, interpreting the child's behavior to the parents, exploring the parent-child interaction, and reflecting the affective meaning of the child's behavior.

Dowling and Jones (1978) described both the problems and benefits inherent in such conjoint therapy which integrates child therapy skills with family therapy sessions. While it is difficult for the therapist to cope with the abundance of nonverbal communication offered by the children, understanding the children's communication is invaluable for understanding the family. The therapist utilizes child therapy techniques in order to better understand the child, the family dynamics, and the parent-child relationship, and to allow the child to benefit directly from their involvement in the family sessions. Moreover, Dare and Lindsey (1979) point out that when therapists are able to accept and understand the children's communication, this acceptance encourages and allows the adults to share their more immature and childlike feelings.

In the concurrent model of integrated play therapy and family therapy, the therapist sees the child individually, at which time the child's language of play predominates. The therapist also sees the family as a unit (or at times, the parents alone) and the verbal communication of adults predominates. With the sole exception of the paper by Haffey (1980), this technique as a treatment of choice has not been reported in the literature. Taichert (1973) described a limited use of this technique; however, his treatment of choice appears

to be family therapy. Individual play therapy is used with the child concurrent with family therapy to help the child deal with issues of control and mastery. The content of the individual sessions is shared with the parents so they will better understand their child. Charney (1966) has also discussed concurrent individual and family therapy, concluding that such a concurrent approach would be useful when neither individual nor family therapy seemed sufficient. Although Charney described concurrent individual and family treatment with a preadolescent boy, it is not reported whether play techniques were used. Finally Smith and Loeb (1965) discussed the use of sequential individual, family, and group therapy for the families of atypical or severely disturbed young children.

Conclusion

This paper reviewed and critiqued current forms of treatment for the child-focussed family. Individual child psychotherapy is rich in its understanding of the individual child, yet it fails to take into full account both the influence and the resources of the family system. Conjoint parent-child psychotherapy and parent therapy and counseling both recognize the influence of the parents and attempt to deal with them in various ways, yet may miss valuable information by not taking a complete view of the system. Conjoint family therapy claims to take the system as a whole into view, yet it fails to attend adequately to the smallest parts -- the young children. An integration of child

and family therapy was recommended, and several recent attempts in this direction were described. These include approaches which work within the framework of conjoint family therapy and those which provide concurrent child and family therapy. The paper by Haffey (1980) provides a further discussion of both models of integrated child-family therapy.

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